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**INDEX**

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# INDEX FOR VOLUME 33

January	Number 246 pages 1-64
February	Number 247 pages 65-128
March	Number 248 pages 129-192
April	Number 249 pages 193-256
May	Number 250 pages 257-320
June	Number 251 pages 321-392
July	Number 252 pages 393-464
August	Number 253 pages 465-536
September	Number 254 pages 537-608
October	Number 255 pages 613-684
November	Number 256 pages 685-756
December	Number 257 pages 757-828

## Abbreviations

C—Correspondence

E—Editorial

R—Book Review

Authors of papers are shown in capitals

## A

- Aberdeen, University of: On being dean, by I M Richardson, 670-672
- Accidents: in a Highland practice, by A MacNeill, 269-273, in a rural practice, by G A C Binnie, 275-277
- Acetazolol: side effects, by J Hosie and S Y A Chafoor, 779-782
- ACHESON E D: *see* HESLOP J
- Acupuncture: Hypotension link (C) 606-607
- ADAM S: *see* PLOWRIGHT C
- AGED: *see* Old people
- Agius M: The Billings Method (C) 535
- AITKEN R MacG: A future for the faculty? The Trent experience, 312-313
- Alcohol: Looking for problems (E) 8-9 (C) 387-389, Early intervention: by H A Skinner and S Holt, 787-791
- Allergy: side effects of desensitization, by D A Rands and R C Godfrey, 647-649
- Alma Ata aims, by J Bennis, 381
- Alternative medicine, by T S Fletcher, 677-678
- Amantadine in influenza: use, by H J Rose, 651-653
- Amin S M: Faculty size (C) 189
- Ancillary staff in general practice (E) 67-69 (C) 386-387, 533-535
- ANDERSON H R, FREELING P and PATEL S P: Decision-making in acute asthma, 105-108
- ANDERSON W V: End the division in British medicine, 182
- ANDERTON J L: *see* RUSSELL B and others
- Andrews J and J: *Food for arthritics*, 1982 (R) 306
- Angus C W G: (R) 242
- Antenatal care: Inequalities (E) 72, voluntary action: report reviewed 248-249
- Antibiotics, Sore throats, nephritis and, by J L Taylor and J G R Howie, 783-786
- Anxiety: psychological alternatives to long-term benzodiazepine use, by M A Cormack and A Sinnott, 279-281
- Art in the consultation (C) 315
- Arterial disease: And oral contraceptives; RCGP study 75-82, RCGP report on prevention: Evaluation, by N H G Whitaker and R A E Spillings 135-139
- Ashton H and Stepany R: *Smoking: psychology and pharmacology*, 1982 (R) 177-178
- ASHTON J R: Micro-computers for general practitioners, 455-456
- Asworth H W: Counselling and the doctor (C) 680
- Asian community: language and communication problems, by C M Wright, 101-104
- Association of Medical Secretaries, Administrators and Receptionists: RCGP joint working paper report 391-392
- Asthma in general practice: Decision making, by H R Anderson and others, 105-108, Nebulizer use, by Jenkinson, 725
- 'At Risk' (C) 189, 389-390
- Audio-visual: recording in the surgery (C) 123, videotape as a research tool, by M O Roland, 300-301, Health education video libraries (C) 606
- Audit in general practice: Attitudes to, by W H R Waters and others 263-266 (C) 532-533
- Aylin D R: The format of the College examination (C) 825-827

## B

- Back pain in general practice, by I C Gilchrist, 417-423
- Bain D J G: Livingstone (E) 325-326
- BAIN D J G, BARBER, J H and BASSETT W J: Our criticisms of *Healthier children—thinking prevention*, 55-57
- BARBER J H: *see* BAIN D J G and JERROM D W A
- BARKER M E: Behcet's syndrome, 44-45
- Barley S L (R) 242
- BARNES G R: Nurse-run hypertension clinics, 820-821
- BASSETT W J: *see* BAIN D J G
- Battered child syndrome: survey of attitudes, by E M Boyter and others, 773-775
- Battered women presenting in general practice, by K Ho-payan and others, 506-507
- BEACH P R, DUFF P W and EVERETT M T: Use of the fetal movement chart, 424-430

- BECKETT J L: *see* PRESTON-WHYTE M E
- BEHAN P O: *see* FEGAN K G
- Behcet's syndrome, by M E Barker, 44-45
- BELL E J: *see* FEGAN K G and KEIGHLEY B D
- BENNISON J: Educational methods in use in Europe: Alma Ata aims, 380-381
- Benzodiazepine long term use, by M A Cormack and A Sinnott, 279-281, (C) 535, 608
- BERKELEY J S: Towards a philosophy of family medicine, 442-444
- BETHELL H J N, LARVAN A and TURNER S C: Coronary rehabilitation in the community, 285-291
- Billings E and Westmore A: The Billings Method (C) 535
- BINNIE G A C: Injuries in rural practice, 275-277
- Birnbaum J S: *The musculoskeletal manual*, 1982 (R) 738
- Blaxter M and Paterson E: *Mothers and daughters*, 1982 (R) 305
- Books for patients: 178, 306
- Books reviewed and noted:
- A GP training handbook*, by M S Hall, 738
- A history of the RCGP*, by J Fry, Lord Hunt and R J F H Pinsent, 446
- An atlas of clinical neurology*, by J D and J A Spillane, 738
- Clinical reactions to food*, by M H Lessof, 810
- Doctor/patient communication*, by D Pendleton and J Hasler (Eds), 516
- Emergencies in general practice*, by A J Moulds and others, 737
- Enjoying food on a renal diet*, by M Vennegoor, 445
- Epidemiology and research in a general practice*, by G I Watson, 243
- Evaluation and clinical management of dizziness and vertigo*, by A Firestone, 178
- General Practice*, by E Gambrill (Ed), 177
- Health, doctors and social workers*, by Z Butrym and J Horder, 738
- How to write and publish papers in the medical sciences*, by E J Huth, 242
- Immunological and clinical aspects of allergy*, by M H Lessof, 178
- Living with dying*, by C Saunders and M Baines, 737
- Milestones. The diary of a trainee GP*, by P Stott, 516
- Mothers and daughters*, by M Blaxter and E Paterson, 305
- Oxford textbook of medicine*, by D J Weatherall, J G G Ledingham and D A Warrell, 445
- Psychopharmacology of sleep*, by D Wheatley (Ed), 178
- Recent advances in occupational health*, by J C McDonald, 242
- Research in general practice*, by J G R Howie, 738
- Rheumatology in general practice*, by M Rogers and N Williams, 306
- Short-term psychotherapies for depression*, by J Rush, 445
- Smoking: psychology and pharmacology*, by H Ashton and R Stepany, 177-178
- Statistics in practice*, by B M J, 305-306
- The anxious patient*, by T Bendix, 242
- The Billings Method*, by E Billings and A Westmore (C) 535
- The causes of cancer*, by R Doll and R Peto, 177
- The dying patient*, by E Wilkes, 445-446
- The father figure*, by L McKee and M O'Brien, 445
- The musculoskeletal manual*, by J S Birnbaum, 738
- The outposted volunteer*, by M Lenn, 181
- Vitality and ageing*, by J F Fries and L M Crapo, 242
- Women doctors*, by P Day, 305
- BOYTER E M and others: Non-accidental injury to children, 773-775
- BRADLEY N C A (R) 177, 305-306, Sale of cigarettes to children in Exeter, 559-562
- BRAY B V: Children with yellowed palms and soles (C) 680
- Breast cancer report by Yorkshire Group, 473-476
- Breast symptoms: Reluctance to seek medical advice about, by S Nichols, 163-166
- Bridges-Webb C: Residual coding in ICHPPC (C) 58-60
- British Medical Journal: *Statistics in practice*, 1982 (R) 305-306
- Brooks D: (R) 178; Teams for the year 2000 (E) 67-69 (C) 386-387
- BROWN M: A wife's eye view, 374
- Browne, D S: The positive health team (C) 253
- Buckley E G: It all depends where you live (E) 72; What sort of fellow? (E) 131, (R) 445, Care of the elderly (E) 689-690, (R) 738, Quality and the College (E) 761, (R) 810
- BULL M J V: A life table analysis technique for the evaluation of intrauterine contraceptive devices, 403-407
- Burke-Salvisberg S: Decisions and errors (E) 261
- BURNEY P G J and COOK D G: Mothers' intentions and the immunization of their infants, 229-232
- Burns, J: award 309
- Butrym Z and Horder J: *Health doctors and social workers*, 1983 (R) 738
- Butterfield J: Eliminating polio (C) 187

## C

- CALVERT E J: *see* FISHER M J Y
- Campbell I K: Audio-visual recording in the surgery (C) 123, Fatal but clinically undiagnosed tuberculosis (C) 607
- CAMPION P D: Psoriasis and cancer, 293-295
- Cancer: Care of patients dying from (C) 123, Delay in the diagnosis of colorectal, by C MacArthur and A Smith, 159-161, Psoriasis and, by P D Campion, 293-295
- Care A: award 309
- Career preferences of doctors qualifying in the United Kingdom in 1980 (E) 198
- CARNE S: on Clifford Rees 379, Enquiries into infant deaths (E) 541-542
- Cartwright A and Anderson R: *General practice revisited* (E) 5-7 (C) 189
- Centre for medical education: Medaymaxim, 181

- Cervical spine manipulation, by D H Howe and others, 574-579
- CHALMERS A G: *see* GUYER P B
- Chaperone use in general practice, by R H Jones, 25-27
- Chest radiography for general practice, by P B Guyer and A G Chalmers, 477-479
- Child Health Diploma (C) 460-461
- Children and infants: Deaths (E) 541-542; Developmental screening: Halton Baby table (C) 188, 380; Developmental screening: patterns of attendance, 213-218; Health clinic: mothers' needs, by P R Williams, 505; *Healthier: thinking prevention*: criticism, 55-57, (C) 252, 532; Immunization: Mothers' intentions, by P G J Burney and D G Cook, 229-232, Monitoring system (C) 461-463, Uptake, by P J Robinson, 500-504; Infant feeding: Prediction of choice, by H J Wright and others, 493-497; Non-accidental injury, by E M Boyter and others, 773-775; Urinary tract infection, by S R Potts and W G Irwin, 353-355; Yellowed palms and soles 326 (C) 680
- Chlamydia trachomatis in general practice (C) 60
- Chlamydial cervicitis, by H Fox, 721-724
- Cigarettes: *see* Smoking
- Clare A W: Psychiatry in general practice (E) 195-198
- CLARKE J G R: death: obituary 814-815
- Clioquinol neurotoxicity among multiple sclerosis patients (C) 535-536
- COGGON D: *see* HESLOP J
- Colman R D: Oasis or beachhead? (C) 390
- Computers in general practice, by J R Ashton, 455-456
- Consultation process: Audio-visual recording (C) 123, Length and outcome, by D Hughes, 143-147, Silence (C) 464, Satisfaction, by J Treadway, 769-771
- Continuing education in general practice: Medaymaxim scheme 181, Nottinghamshire survey, by A J Pickup and others, 486-490, Work as Stuart fellow, by D Pendleton, 750-752, obstacles to education, by A J Pickup and others, 799-801
- Contraception: intrauterine: Evaluation, by M J V Bull, 403-407
- Contraception, Oral: RCGP study: report on arterial disease, 75-82, Oxfordshire prescribing, by C Plowright and S Adam, 201-211 (C) 607
- COOK D G: *see* BURNEY P G J
- Cooper G: 100th birthday 669
- Copeman R A and Tretharne J D: Chlamydia trachomatis in general practice (C) 60
- CORMACK J C C: *see* RUSSELL B and others
- Cormack M A and Sinnott A: Psychological alternatives to long-term benzodiazepine use, 279-281
- Coronary: rehabilitation in the community, by H J N Bethell and others, 285-291, (E) 259-261, (C) 533, 828
- Correspondence:
- A health education video library? 606
- Alcohol—looking for problems, 387-389
- Anglo-German contrasts, 189
- An MD from general practice, 463-464
- Antibiotics in general practice, 187-188
- A simple system for monitoring child immunization in general practice, 461-463
- 'At risk', 189, 389-390
- Attitudes to audit, 532-533
- Attracting trainees to the College, 753
- Audio-visual recording in the surgery, 123
- Chlamydia trachomatis in general practice, 60
- Clinical and population medicine, 58, 185-187
- Clioquinol neurotoxicity among multiple sclerosis patients? 535-536
- College priorities, 387
- Counselling and the doctor, 604, 679-680
- Diploma in community child health, 460-461
- Doctors and the pharmaceutical industry, 825
- Eliminating polio, 187
- Epidemiology and research in general practice*, 828
- Faculty size, 189
- Fatal but clinically undiagnosed tuberculosis, 607
- Fluoridation of water, 252
- General practice diabetic care, 828
- Health for all by the year 2000, 184-185, 604
- Healthier children—thinking prevention*, 252, 532
- How are the University Departments faring? 123-124
- How shall we remember John Stevens? 464
- Hypertension screening in general practice, 756
- Hypertension following stimulation of acupuncture point fengchi (GB20), 606-607
- In defence of the College examination, 682
- Individual cases, 606
- Is Peyronie's disease iatrogenic? 60
- Is this a cupping cup? 464
- Lessons from a home visit, 124
- Lithium therapy—side effects and hazards, 61
- MRCGP Examination, 125
- Measles vaccine, 187, 386
- Medical practices committee guidance, 606
- Medical students and the College, 684
- Nuclear warfare, 187
- Oasis or beachhead? 390
- Outersigns of inner qualities, 682
- Out-of-hospital cardiac arrest, 533, 828
- Out-of-hours experience for general practitioner trainees, 753
- Outpatient waiting lists, 125
- Patient movement and the accuracy of the age/sex register, 60
- Patients' views of general practice, 189
- Patients who change practices, 61
- Polymyalgia rheumatica, 389, 753
- Prescribing costs, 606
- Prescribing oral contraceptives in Oxfordshire, 607
- Prestel for the general practice, 607-608
- Primary health care, 121
- Primary health care in industrialized countries, 188
- Problems of fertility and their management, 389
- Psychiatry in general practice, 463

Psychological alternatives to long-term benzodiazepine use, 535  
 Research: the role of the general practitioner, 753-754  
 Residual coding in ICHPPC, 58-60  
 Silence, 464  
 Smoking and schoolchildren, 828-829  
 Soviet "treatment" in psychiatric hospitals, 252  
 Stopping medication, 188  
 Subscription reduction after retirement, 533  
 Teams for the year 2000, 253, 386-387, 533-535  
 The assessment of affective learning, 756  
 The Billings method, 535  
 The care of patients dying from cancer, 123  
 The format of the College examination, 604-606, 825-827  
 The Halton baby measuring table, 188  
 The MRCGP examination—an overseas view, 461  
 The positive health team, 253  
 Training in geriatrics for general practice, 463  
 Treatment of heroin addiction, 683-684  
 What sort of fellow? 389  
 Why not sports medicine in general practice? 189  
 Withdrawal from benzodiazepines, 608  
 COSSAR J H and others: Travel and health, 642-645  
 Counselling and the doctor (E) 323-326, in general practice, by E Martin and H Mitchell, 366-367, (C) 604, 679-680  
 Courtenay M (R) 445  
 Cox M J: College priorities (C) 387  
 Craddock A L: *Epidemiology and research in general practice* (C) 828  
 CROMBIE D L and FLEMING D M: Quality of care in general practice, 746-747  
 Cull R E (R) 738  
 Cupping cup? Is this a (C) 123, 464

## D

Davey I F: The format of the College examination (C) 604-606, 825-827  
 DAVIS E: Prestel for the general practitioner, 383-385 (C) 607-608  
 DAVIS P J M: Treatment of heroin addiction (C) 684  
 Day P: *Women doctors*, 1982 (R) 305  
 Death in practice, by W G Keane and others, 347-351  
 Decisions and errors (E) 261  
 Delay in diagnosis of: Colorectal cancer, by C MacArthur and A Smith, 159-161, breast symptoms, by S Nichols, 163-166  
 DENDY E: 50+ all to play for, 310  
 DENISON R S: Music in waiting rooms, 823  
 De Soldenhoff R: Health for all by the year 2000 (C) 604  
 Developmental screening: see Children  
 DEVON AND CORNWALL TRAINEE WORKSHOP: Attitudes of trainees, 457-459  
 Diabetes: Oxfordshire community study, by C Dornan and others, 151-155, care in general practice (C) 828  
 Disabled and the general practitioner, by I D Williams, 296-299  
 DIXON A S: Family medicine—at a loss for words? 358-363 (C) 682-683  
 Doctors' pensions, by D J Shields, 116-117  
 DOIG A: see RUSSELL B and others  
 Doll R and Peto R: *The causes of cancer*, 1982 (R) 177  
 DONALD A G: on ICI Computer Fellowship 179-180, The College—oasis or beachhead? 183-184 (C) 390, The safety of medicines (E) 396-399, On relationship between the College and the pharmaceutical industry, 599-601 (C) 825  
 Donovan C F: *Healthier children—thinking prevention* (C) 252, trainees (C) 682  
 DORNAN C and others: A community study of diabetes in Oxfordshire, 151-155  
 Douglas A: (R) 305  
 Doyle D: (R) 445-446, 737  
 Drinkwater C K: (R) 305  
 Drug prescribing: see Prescribing  
 DUBLIN, UNIVERSITY OF: Department of Community Health: Diazepam trial, 635-636  
 DUFF P W: see BEACH P R  
 Duffy S W: Psychological alternatives to long-term benzodiazepine use (C) 535  
 DUNN J W M M and SHAW R W: Medical ethics: general practitioners' attitudes 763-767  
 Dying from cancer, Care of patients (C) 123  
 Dysuria prevalence in women in London, by M Walker and others, 411-415

## E

Eagle R: *Taking the strain*, 1982 (R) 306  
 Editorials:  
 A general practice approach to influencing smoking habits, 539-541  
 Alcohol—looking for problems, 8-9  
 Care of the elderly, 689-690  
 Career preferences of doctors qualifying in the United Kingdom in 1980, 198  
 Counselling and the doctor, 323-325, (C) 680  
 Decisions and errors, 261  
 Enquiries into infant deaths, 541-542  
 General practitioner hospitals, 759  
 General professional training, 467-469  
 Influence of trainers on trainees in general practice, 3-5  
 Is training in psychiatry relevant for general practice? 617-618  
 It all depends where you live, 72  
 Livingston: an enduring concept, 325-326  
 Out-of-hospital cardiac arrest, 259-261, (C) 828  
 Out-of-hours experience for general practitioner trainees, 395-396, 753  
 Patients' views of general practice, 5-7, (C) 189, 827-828  
 Promoting prevention, 399  
 Psychiatry in general practice, 195-198  
 Quality and the College, 761 (C) 827-828  
 Research: the role of the general practitioner, 469-471  
 Teams for the year 2000, 67-69

*The Journal*, 542  
 The safety of medicines, 396-399  
 Trends in the utilization of the National Health Service, 615-617  
 What sort of Fellow? 131  
 Whither primary health care in Europe? 687-689  
 Why WONCA? 131-133  
 EIMERL T: Primary health care (C) 121  
 Elderly: see Old people  
 ELLIS P: report on patient participation group meeting, 382  
 Es J van: award 53  
 Ethics, medical: general practitioners' attitudes, by J W M Dunn and R W Shaw, 763-767  
 Europe: Educational methods: conference report, 380, Primary health care (E) 687-689  
 EVERETT M T: see BEACH P R

## F

FABB W E: What is WONCA?, 115  
 Family practice: see General practice  
 FEGAN K G, BEHAN P O and BELL E J: Myalgic encephalomyelitis—report of an epidemic, 335-337  
 Fertility problems and their management, by C Froggatt, 171-174 (C) 389  
 Firestone A J: *Management of dizziness and vertigo*, 1982 (R) 178  
 FISHER M J Y, CALVERT E J and MYCHALKI W: Patterns of attendance at developmental assessment clinics, 213-218  
 Fixson L U: Fellow Ad Eundem Gradum, 377, 525  
 FLEMING D M: Repeat prescriptions, 517-518: see also CROMBIE D L  
 FLETCHER T S: Complementary medicine, 677-678  
 Fluoridation of water: RCGP policy 111 (C) 317  
 FORD E G: see TAYLOR R C  
 Ford S D: Patients who change practices (C) 61  
 Fountain S: RCGP appt 309  
 FOWX G (R) 177-178: see also DORNAN C and others  
 FOX H: Chlamydia cervicitis, 721-724  
 FRASER R C: univ. appt. 672: see also PRESTON-WHYTE M E  
 FRASER S M F: Dr. William Johnston (1846-1900), 369-371  
 FREELING P: univ. appt. 309: see also ANDERSON H R  
 FREEMAN J: see KEELE G  
 Freer C: univ. appt. 672  
 FREY J J: Medical students, 678-679, A celebration, 824  
 Fries J F and Crapo L M: *Vitality and ageing*, 1982 (R) 242  
 FROGGATT C: Problems of fertility and their management, 171-174, (C) 389, (R) 446, Impressions from the 10th Wonca conference, 526-527  
 Frolund F: 'At risk' (C) 189, 389-390  
 From J: Residual coding in ICHPPC (C) 58-60  
 Fry J, Hunt Lord and Pinstor R J F H (Eds): *A history of the Royal College of General Practitioners*, 1983 (R) 446  
 Fry J, Moulds A, Strube G and Gambrill E: *The Family Good Health Guide*, 1982 (R) 306  
 FULTON M: see RUSSELL B and others

## G

GAMBRILL E (Ed): General practice, 1982 (R) 177: see also WALKER J H  
 Game D A: Why WONCA? (E) 131-133  
 GARDNER K: A well woman clinic, 711-714  
 GARNER P: see HOPAYIAN K  
 Garvie D G: Subscription reduction after retirement (C) 533  
 Gastroenteritis in general practice: investigation methods, by S A Rousseau, 514-516  
 GEATER J G: Why not tell the hospital about a patient's social needs? 46  
 General Medical Council: membership 744-745, by W McN Styles, 816-817  
 General practice and general practitioners:  
 Ancillary staff (E) 67-69  
 Anglo-German contrasts (C) 189  
 Asthma management, by H R Anderson and others, 105-108  
 Audit: see *that title*  
 Back pain, by I C Gilchrist, 417-423  
 Battered women presenting in, by K Hopayian and others, 506-507  
 Casualties in a Highland practice, by A MacNeill, 269-273  
 Chaperone use, by R H Jones, 25-27  
 Chest radiography, by P B Guyer and A G Chalmers, 477-479  
 Chlamydia cervicitis, by H Fox, 721-724  
 Classification (ICHPPC) (C) 58-60  
 Computers for, by J R Ashton, 455-456  
 Continuing education: see *that title*  
 Counselling: see *that title*  
 Decisions and errors (E) 261  
 Disabled and, by E I Williams, 296-299  
 Gastroenteritis investigation methods, by S A Rousseau, 514-516  
 Gender effect on consultations, 654-658  
 Heart disease treatment, by C Mason and J C Murdoch, 91-99  
 Hospital facilities for, by W V Anderson, 182  
 House odours and, 385-386  
 Hypertension management and screening: see Hypertension  
 Injuries in rural practice, by G A C Binnie, 275-277  
 Language, by A S Dixon, 358-363, (C) 682-683  
 M D theses from (C) 463-464  
 Medical ethics, attitudes to, by W W M Dunn and R W Shaw, 763-767  
 Obstetrics: Fetal movement chart, 424-430  
 Old people: see *that title*  
 Origin, by I S L Loudon, 13-23  
 Patients: see *that title*  
 Philosophy of, by J S Berkeley, 442-444

Polymyalgia rheumatica, by R M Turner, 167-170, correction 368 (C) 389, 753  
 Practice premises, by M Valins and R Moss, 749-750, music in waiting rooms, 823  
 Prescribing: see *that title*  
 Prestel for, by E Davis, 383-385  
 Preventive medicine: see *that title*  
 Primary health care: see *that title*  
 Psychiatric training (E) 617-618  
 Psychiatry, in (E) 195-198, cooperation card 459-460  
 Psychology service, by D W A Jerrom and others, 29-31  
 Quality of care: by D Irvine, 521-523, by D L Crombie and D M Fleming, 746-747, (C) 747-748, (E) 761 (C) 827-828  
 Raynaud's phenomenon, by J Heslop and others, 85-89  
 Receptionists' training scheme: evaluation, by R Silverstone, 511-513, study days, 818-819  
 Record keeping: age/sex register accuracy (C) 60, Psychiatric cooperation card, 459-460  
 Referrals to a social services department, 33-39  
 Research: videotape as a tool, by M O Roland, 300-301 (E) 469-471, (C) 753-754  
 Retiring allowance, Additional lump sum, 675-677  
 Sigmoidoscopy in, by J S Brown, 822  
 Smoking: see *that title*  
 Undergraduate learning, by I M Richardson, 728-731  
 University departments of, (C) 123-124  
 Vocational training: see *that title*  
 Volunteer 'Karing' group, by P A Green, 304  
 Well woman clinic, by K Gardner, 711-714  
 Workload: see *that title*  
 General Practitioner Hypertension Study Group report, 434-437  
 General professional training (E) 467-469  
 Geriatric training for general practice (C) 463  
 German/Anglo contrasts in general practice (C) 189  
 GHAFOR S Y A: see HOSIE J  
 GIBLIN M J and CLIFT A D: Sleep without drugs, 628-633  
 GILCHRIST I C: Different groups of patients with low back pain, 420-423; Psychological aspects of acute low back pain in general practice, 417-419  
 Gill C: Psychiatry in general practice (C) 463, 756  
 GILL C R W: Life assurance medicine, 531-532  
 Glanvill T: Open University B A Degree, 244-245  
 Glynecorw Health Centre: annual report 815  
 Godfrey P: A simple system for monitoring child immunization in general practice (C) 461-463, Teams for the year 2000 (C) 533-535  
 GODFREY R C: see RANDS D A  
 GOODMAN M: Patient movement and the accuracy of the age/sex register (C) 60  
 GOULD J H: see KEANE W G  
 Grant R N R and Thomas P: Is this a cupping cup? (C) 123  
 GRAY D P: *Healthier children—thinking prevention* (C) 532, report on Communications Division executive 593  
 Gray F: Quality of care in general practice (C) 747  
 Gray J: *Pericard: Epidemiology and research in a general practice*, by G I Watson, 243, (C) 828  
 GREEN P A: Why not start a 'Karing' group? 304  
 GRIFFITHS T N: Why time the MRCGP examination at the end of vocational training? 249-250  
 GUYER P B and CHALMERS A C: Chest radiography for general practitioners, 477-479

## H

Hall M S: *A GP training handbook*, 1983 (R) 738  
 HALLETT R: Intervention against smoking, 565-567  
 Halliwell J: Language of family medicine (C) 683  
 Halton Baby Measuring Table (C) 188, 380  
 Hambleton G, MacLeod A F and Binless J T: Is Peyronie's disease iatrogenic? (C) 60  
 HAMMOND M: Work in the College Library, 378-379, Impressions from the 10th WONCA conference, 527-528  
 Harries C M: An MD from general practice (C) 463-464  
 Hart J T: Outpatient waiting lists (C) 125, (R) 177, 242  
 HASLER J C: MD Thesis, 113, Fluoridation of water (C) 252, 57 Varieties, 329-332, retiring as honorary secretary, 743, Tribute to 813  
 Hayhoe S: (R) 178  
 HEADY J A: see WALKER M  
 Health education: see Prevention  
 Health for all by the year 2000 (C) 184-185  
 Healthier children: see Report from General Practice  
 Heart disease in general practice: Treatment, by C Mason and J C Murdoch, 91-99  
 HEDLEY A J: see PICKUP A J  
 Heroin addiction treatment, by D W Jolliffe and A W T Melville, 368 (C) 683-684  
 Herxheimer A and Bursill M: Cloquinoxol neurotoxicity among multiple sclerosis patients (C) 535-536  
 HESLOP J, COGGON D and ACHESON E D: The prevalence of Raynaud's phenomenon in a general practice, 85-89 (C) 317  
 Hewish P A F: Prescribing oral contraceptives in Oxfordshire (C) 607  
 Heyes J: Assessment and preparation for work: conference report 190  
 HICKS S C: Otitis externa, 581-583  
 Himalayan Mountain Clinic, by T Lankester, 529-560, 596-598  
 HODGKIN G K H: see WALKER J H  
 Hodgkin K: The format of the College examination (C) 825-827  
 HOLT S: see SKINNER H A  
 Homeless, medical provision for, by N J Shanks, 40-43  
 Home visits: see Workload  
 HOPAYIAN K, HORROCKS G, GARNER P and LEVITT A: Battered women presenting in general practice, 506-507  
 Horder J: tribute to 47  
 HORROCKS G: see HOPAYIAN K  
 HOSIE J and GHAFOR S Y A: Acebutolol: side effects, 779-782

Hospitals: outpatient waiting lists (C) 125, facilities for general practitioners, by W V Anderson, 182, General practitioner (E) 759

House odours and the general practitioner, by J D E Knox and P M Owens, 385-386

House of Commons reception 450

HOWE D H, NEWCOMBE R G and WADE M T: Manipulation of the cervical spine, 574-579

HOWIE, J G R: Research in general practice, 1983 (R) 738, Doctors and the pharmaceutical industry (C) 825: see also TAYLOR J L

HUGHES D: Consultation length and outcome in two group general practices, 143-147

HUGHES G W: Parasuicide, 637-640

Human Fertilization and Embryology, RCGP evidence to the Government Inquiry into, 390-391

HUNT R F: Alcohol—looking for problems, 387-389

HUTCHINSON A: Why do some women refuse rubella screening? 234-237

Huth E J: *How to write and publish papers in the medical sciences*, 1982 (R) 242

Hypertension management: hospital outpatient practice, by B Russell, 221-227, Screening, by S R Mayhew, 434-437, patient education leaflet, by I M St George, 508-510 (C) 756, Acebutolol treatment: side effects, 779-782, Nurse-run clinics, by G R Barnes, 820-821

## I

ICI Computer Fellowship 179-180, appt 378

Immunization: Mothers' intentions, by P G J Burney and D G Cook, 229-232, Rubella screening refusal, by A Hutchinson, 234-237, Monitoring system (C) 461-463, Uptake in a rural practice, by P J Robinson, 500-504

Infants: see Children

Influenza: Amantadine use, by H J Rose, 651-653

Intermittent digital ischaemia: see Raynaud's phenomenon

IRVINE D: Quality of care in general practice, 521-523, by D L Crombie and D M Fleming, 746-747, (C) 747-748, (E) 761, (C) 927-928

Irvine D A: Counselling and the doctor (C) 679-680

IRWIN W G: Clinical and population medicine (C) 185-187: see also POTTS S R

## J

Jackson A D M: Diploma in community child health (C) 460-461

Jackson M B and Walker G D: Training in geriatrics for general practice (C) 463

JENKINSON D: Use of a nebulizer for acute asthma, 725

JERROM D W A, SIMPSON R J, BARBER J H and PEMBERTON D A: General practitioners' satisfaction with a primary care clinical psychology service, 29-31

Jobling S: Quality of care in general practice (C) 827-828

Johnson P M: Out-of-hours experience for general practitioner trainees (C) 753

Johnston W (1846-1900), by S M F Fraser, 369-371

Joint Committee on Postgraduate Training for General Practice: honorary secretaries, 114, Annual Report, 450-451

Jolliffe D W (R) 737, and Melville A W T: Treatment of heroin addiction, 368 (C) 683-684

JONES D A, VICTOR C R and VETTER N J: Careers of the elderly, 707-710

JONES R H: The use of chaperones by general practitioners, 25-27, Out-of-hospital cardiac arrest (E) 259-261, Trimethoprim and co-trimoxazole in the treatment of urinary tract infection, 585-589

*Journal of the Royal College of General Practitioners*: editorial board meeting 244 (E) 542, News and views editor, 814

Juby B A: Fluoridation of water (C) 252

## K

Kay C: Schering AG grant 51, 'At risk' (C) 189

KEABLE-ELLIOTT R A: Research: the role of the general practitioner, 753

KEANE W G, GOULD J H and MILLARD P H: Death in practice, 347-351

KEELE G and FREEMAN J: Use of antibiotics and psychoactive preparations, 621-627

KEIGHLEY B D and BELL E J: Sporadic myalgic encephalomyelitis in a rural practice, 339-341

KELLET R J: see RUSSELL B and others

KELLY J: see WATERS W H R

KIELTY P: The BMA primaries, 744-745

KNOX J D E: A challenge for general practitioner research, 57, and OWENS P M: House odours and the general practitioner, 385-386, (R) 738

Kuenssberg (Katharina V) grant 309

## L

LANKESTER T: Letter from the Himalayas, 529-530, 596-598

LARVAN A: see BETHELL H J N

Lawson J A R: on Dr A G Reid (obit) 594-595

LEE J: Training for practice staff, 391-392

Leeuwenhorst Group meetings planned; photo., 311

Lenn M: *The outposted volunteer* (R) 181

Lesser A L: Is training in psychiatry relevant for general practice? (E) 617-618

Lessof M H: *Immunological and clinical aspects of allergy*, 1981 (R) 178, *Clinical reactions to food*, 1983 (R) 810

LEVITT A: see HOPAYIAN K

Lewith R G: *Acupuncture*, 1982 (R) 178

Life assurance medicine, by C R W Gill, 531-532

Lipetz S: obituary 670

Lithium therapy (C) 61

Livingston New Town (E) 325-326

Livingstone A: Lessons from a home visit (C) 124

Logie E and others: Nuclear warfare (C) 187

LOUDON I S L: The origin of the general practitioner, 13-23

LUNN J E: see WATERS W H R

## M

MacARTHUR C and SMITH A: Delay in the diagnosis of colorectal cancer, 159-161

McCANDLESS D N: Why not sports medicine in general practice? (C) 189

McCormick J S (R) 516, Hypertension screening in general practice (C) 756

McDonald J C (Ed): *Recent advances in occupational health*, 1982 (R) 242

MacFARLANE R G: see PARRY K M

McGuinness B W: The Halton baby measuring table (C) 188

McKee L and O'Brien M: *The father figure*, 1982 (R) 445

Mackenzie (James) lecture, by I S L Loudon, 13-23

MACLEAN D W: see BOYTER E M and others

McNAMARA D R and McNAMARA H I: Judging general practice by numbers, 117-120

McNAMARA H I: see McNAMARA D R

McNEILL A: Casualties in a Highland practice, 269-273

McSherry J A: Antibiotics in general practice (C) 187-188

Mair G I: How shall we remember John Stevens? (C) 464

Maisey T: Prescribing costs (C) 606

Manipulation of the cervical spine, by D H Howe and others, 574-579

MANN J I: see DORNAN C and others

MANT J: Patient participation groups, 313-314

Marcovitch H: Measles vaccine (C) 187

MARKS B and SWINDELLS S: Psychiatric co-operation card, 459-460

MARKUS A: see DORNAN C and others

MARTIN E and MITCHELL H: A counsellor in general practice: a one-year survey, 366-367, (C) 679-680

MARTIN P B: Study days for receptionists, 818-819

MASON C and MURDOCH J C: Current opinion concerning the treatment of heart disease, 91-99

MASON J K: see BOYTER E M and others

MATTHEWS M B: see RUSSELL B and others

Maxwell R: How are the University Departments faring? (C) 124

MAYHEW S R: Hypertension screening in general practice, 434-437

MD from general practice (C) 463-464

Measles vaccine (C) 187, 386

Medical audit: see Audit

Medical education, basic (C) 58, 185-187

Medical ethics: general practitioners' attitudes, by J W M Dunn and R W Shaw, 763-767

Medical Practices Committee guidance (C) 606

Medicine: Safety of (E) 396-399

MEE L G: see PICKUP A J

MEECHAN D F: see WILLIAMS B T

MELVILLE A W T: see JOLLIFFE D W

Menorrhagia, The outcome of, by P C Stott, 715-720

Metcalfe D: Trends in the utilization of the National Health Service (E) 615-617

Millac J: Syntex Trent Fellow 449-450

MILLARD P H: see KEANE W G

Million R: Teams for the year 2000 (C) 386-387

Milne R M: Counselling and the doctor (C) 604

MITCHELL H: see MARTIN E

Morbidity: Travel and, by J H Cossar and others, 642-645

Morris E: Language of family medicine (C) 682-683

MOSS R: see VALINS M

Mothers: Intentions and the immunization of their infants, by P G J Burney and D G Cook, 229-232, Needs in child health clinic, by P R Williams, 505-

Moulds A J, Martin P B and Bouchier-Hayes T: *Emergencies in general practice*, 1983 (R) 737

MUIR A L: see RUSSELL B and others

MURDOCH J C: see MASON C

MURFIN D E: Why not hold a faculty public meeting? 176

Murgatroyd S: Counselling and the doctor (E) 323-325

MURRAY A: Can CIS help you? 449

Museum, Why not start a practice? by K M Souter, 238

Music in surgery waiting rooms, by R S Denison, 823

Myalgic encephalomyelitis, by K G Fegan and others, 335-337, by B D Keighley and E J Bell, 339-341

MYCHALKIW W: see FISHER M J Y

## N

National Health Service, Trends in the utilization of (E) 615-617

Nebulizer use for acute asthma, by D Jenkinson, 725

NEWCOMBE R G: see HOWE D H

NICHOLL J P: see WILLIAMS B T

NICHOLS S: Reluctance to seek medical advice about breast symptoms, 163-166

Night calls: see Workload

Nuclear warfare: RCGP statement (C) 187

## O

Obstetrics in general practice: Fetal movement chart use, by P R Beach and others, 424-430

O'BYRNE D J: see O'ROURKE A H

*Occasional Paper: 21: The Influence of trainers on trainees in General Practice* (E) 3-5, 22: *Promoting prevention* (E) 399

Old people: Research challenge, by J Knox, 57, Care (E)

689-690, Primary care teams and, by J O Woods and others, 693-697, At risk groups, by R C Taylor and E G Ford, 699-705, Carers, by D A Jones and others, 707-710

Oliver D J: The care of patients dying from cancer (C) 123

Oral Contraception: see Contraception

O'ROURKE A H, O'BYRNE D J and WILSON-DAVIS K: Smoking among schoolchildren, 569-572, (C) 828-829

Otitis externa, by S C Hicks, 581-583

OWENS P M: see KNOX J D E

Oxfordshire: diabetic study, by C Dornan and others, 151-155, Prescribing of oral contraception, by C Plowright and S Adam, 201-211

Oxygen therapy, domiciliary, by B T Williams and others, 481-483

## P

Paine T (R) 306

Paranoid psychosis associated with zimeldine antidepressant therapy (C) 680

Parasuicide: rural versus urban, by G W Hughes, 637-640

Parry K M: General professional training (E) 467-468

PARRY K M and MacFARLANE R G: An extended course in general practice, 431-433

PATEL S P: see ANDERSON H R

Patients: 'At risk' (C) 189; Books for: see Books; Consultation process: see that title; Changing practices (C) 60, 61; Education leaflet, by I M St George, 508-510; Participation groups, by J Mant, 313-314; RCGP and: Working Party report, 53-55 (C) 387; Views of general practice (E) 5-7 (C) 189, 827-828

PATTEN M P: see WOODS J O

Payne R A: MRCPG Examination (C) 125

Paynton D J: Polymyalgia rheumatica (C) 389

Peacock J: Practical hints on the treatment of several diseases, by G Stout, 239-241

Pedley J E: Measles vaccine (C) 386

PEMBERTON D A: see JERROM D W A

PENLETON D: Continuing medical education, 750-752

Pendleton D and Hasler J (Eds): *Doctor/patient communication*, 1983, (R) 516

PEPPIATT R: Health for all by the year 2000 (C) 185, (R) 445, Records and prevention, 660-661

Peyronie's disease (C) 60

Pharmaceutical industry: relationship between RCGP and, by A Donald and T Schofield, 599-603 (C) 825

Phillipson H O: Soviet "treatment" in psychiatric hospitals (C) 252

Pickles (William) lecture 1983, by J H Walker, 545-556

PICKUP A J, MEE L G and HEDLEY A J: The general practitioner and continuing education, 486-490, Obstacles to continuing education, 799-801

PLOUVIEZ M: Volunteers and primary health care, 120-121

PLOWRIGHT C and ADAM S: Prescribing of oral contraceptives in Oxfordshire, 201-211

Police and Criminal Evidence Bill; RCGP views on 245, Council report, 307

Polio elimination (C) 187

Polymyalgia rheumatica in general practice, by R M Turner, 167-170, correction 368, (C) 389, 753

Pomryn B: death: obituary 245

Potter A R: Health for all by the year 2000 (C) 184

POTTS S R and IRWIN W G: Urinary tract infection in children, 353-355

Practice Activity Analysis: Repeat prescriptions, by D M Fleming, 517-518

Practice museum, Why not start a, by K M Souter, 238

Practice premises: MARU, by M Valins and R Moss, 749-750, music in waiting rooms, 823

Prescribing in general practice, by A P Presley, 383, RCGP Medicines Surveillance Organization, 438-441, Repeat prescriptions, by D M Fleming, 517-518, (C) 606, Anti-biotics and psychoactive preparations, by G Keele and J Freeman, 621-627, Diazepam trial, by East of Ireland Faculty and Department of Community Health, University of Dublin, 635-636

PRESLEY A P: One way of reducing prescribing costs, 383

Prestel for the general practitioner, by E Davis, 383-385, (C) 607-608

PRESTON-WHYTE, M E, FRASER R C and BECKETT J L: Effect of principal's gender on consultation patterns, 654-658

Preventive medicine in general practice: RCGP report on arterial disease: evaluation, by N H G Whitaker and R A E Spilling, 135-139, *Promoting Prevention: Occasional Paper 22* (E) 399, Hypertension leaflet, by I M St George, 508-510, Video library (C) 606, Records and, by R Peppiatt, 660-661

Price J: appt as editor of News and Views 814

Primary health care (C) 121, United Kingdom Joint Professional Committee for: Inaugural meeting, 595, in Europe (E) 687-689, (C) 827

PRITCHARD P: Whither primary health care in Europe (E) 687-689

Psoriasis and cancer, by P D Campion, 293-295

Psychiatric illness in general practice (E) 195-198, Co-operation card, by B Marks and S Swindells, 459-460 (C) 463

Psychiatric training for general practice (E) 617-618

Psychology service in primary care, by D W A Jerrom and others, 29-31

## Q

Quality of care in general practice: by D Irvine, 521-523, by D L Crombie and D M Fleming, 746-747, (C) 747-748, (E) 761 (C) 827-828

Qureshi B: 'Faculty News' 451-452

## R

Rajanna P: Hypotension following stimulation of acupuncture point fengchi (GB 20) (C) 606-607

RANDS D A and GODFREY R C: Side effects of desensitization for allergy, 647-649

Raynaud's phenomenon in general practice, by J Heslop and others, 85-89 (C) 317

Receptionists in general practice: evaluation of training scheme, by R Silverstone and others, 511-513

Record keeping in general practice: Age/sex register accuracy (C) 60, Psychiatric co-operation card, by B Marks and S Swindells, 459-460, Prevention and, by R Peppiatt, 660-661

Rees C V: retirement 379

Rehabilitation: Assessment and preparation for work: conference report, 190

Reid A G: death: obit, 594-595

REILLY P M: see WOODS J O

Repeat prescribing: see Prescribing

Report from *General Practice 22: Healthier Children*: criticism, by D J G Bain and others, 55-57 (C) 252, 532

Research in general practice: videotape as a tool, by M O Roland, 300-301 (E) 469-471 (C) 753-754

Respiratory tract infection (C) 187-188

RICHARDSON I M: On being a Dean of Medicine, 670-672, Undergraduate learning in general practice, 728-731

Robertson B: obituary 181

ROBINSON P J: Uptake of pre-school immunization in a rural practice, 500-504

Robson A M: Problems of fertility and their management (C) 389

Robson J: A health education video library? (C) 606

Rogers M and Williams N: *Rheumatology in general practice*, 1982 (R) 306

ROLAND M O: Videotape as a research tool, 300-301

ROSE H J: Amantadine in influenza, 651-653

Ross M: Treatment of heroin addiction (C) 683-684

Rosser E M: Medical students and the College (C) 684

ROUSSEAU S A: Investigation of acute gastroenteritis in general practice, 514-516

Royal College of General Practitioners: Administrator, 309

AMSPAR: joint working party recommendations, 391-392

Annual General Meeting report, 47-51

CIS, by A Murray, 449

Communications Division: report on activities, 593

Computer Fellowship: see *ICI below*

Council elections: postal ballot plans, 309

Council meeting reports, 110-111, 307-309, 523-525, 741-743

East of Ireland Faculty: Diazepam trial, 635-636

Examination: see *Membership, below*

Fellowship (E) 131 (C) 314-315, 389, Ad Eundem Gradum, 377, 525

Finance Officer, retirement 379

Fluoridation of water supplies: policy 111 (C) 317

Headquarters visit, by N W Thames Region trainees, 180

Human Fertilization and Embryology: Evidence to the Government Inquiry, 390-391

ICI Computer Fellowship, 179-180, appt. 378

Journal: see *that title*

Lectern, 52

Medical writing and research course, report 61-62

Medicines Surveillance Organization: Monitoring of drugs after marketing, 438-441

Membership: Oldest member 669, suggested student (C) 684, Trainees as associates (C) 753

Membership Examination: (C) 125, 461, 604-606, 682, 825-827; (E) 131; Results, 593-594; Statistics, 525, 669, 743-744; Vocational training: link by T N Griffiths, 249-250, trainee views, 457-459 (C) 682; Walker, H J: William Pickles lecture 1983, 545-556, introduction: by J H Walker and others, 662-665, MQC paper 732-737

MEQ paper, Oral examination 804-810

North and West London Faculty: 381-382, 'Faculty News', 451-452

North Wales subfaculty, 669-670

Nuclear warfare statement (C) 187

Occasional Paper: see *that title*

Officers, 51

Oral Contraception Study: incidence of arterial disease: report 75-82

Patients and: Working Party report, 53-55, Liaison Group first meeting, 742

Pharmaceutical industry: relationship between, by A Donald and T Schofield 599-603 (C) 825

Police and Criminal Evidence Bill, views on 245, 307

Preventive medicine initiatives: see *Preventive medicine Report from General Practice: see that title*

Role, by A Donald, 183-184 (C) 390, 387

South-West Wales Faculty: public annual meeting, 176

Spring meeting (Oxford): steering committee 179, a wife's eye view, by M Brown 374, report 377-378

Subscription reduction after retirement (C) 533

Trent faculty (C) 189, by R MacG Aitken, 312-313

"Well-Being" television series, 111, 245

Winthrop general practitioner exchange scheme, 180

Women members' brochures, 379

Rubella screening refusal, by A Hutchinson, 234-237

Rush J: Short-term psychotherapies for depression, 1982 (R) 445

RUSSELL B and others: Management of hypertension, 221-227

## S

Safety of medicines (E) 396-399

ST GEORGE I M: Patient education leaflet for hypertension, 508-510

SALKIND M R: see SILVERSTONE R

Saul P: Prestel for the general practitioner (C) 607-608

Saunders C and Baines M: *Living with dying*, 1983 (R) 737

Save the Children Fund: STOP Polio Campaign (C) 187

SCHOFIELD T P C: College and pharmaceutical industry relationship, 601-603, (C) 825

Scott I M: MRCGP Examination (C) 125

Screening, antenatal: Inequalities (E) 72

Segal M: Paranoid psychosis (C) 680

Segal M, McCourbrie M and Anderson M E: Lithium therapy—side effects and hazards (C) 61

SEILER E R: Smoking habits of doctors and their spouses, 598

SHANKS N J: Medical provision for the homeless in Manchester, 40-43

SHAPER A G: see WALKER M

Shattock F M: Health for all by the year 2000 (C) 185

Shaw R: The assessment of affective learning (C) 756

SHAW R W: see DUNN J W M

SHEPPARD M G: Referrals from general practitioners to a social services department, 33-39

SHIELDS D J: Is the purchase of added years worthwhile? 116-117, The additional lump sum retiring allowance, 675-677

Short N L: Teams for the year 2000 (C) 253

Sigmoidoscopy in general practice, by J S Brown, 822

SILVERSTONE R, SOUTHGATE L and SALKIND M R: Evaluation of a training scheme for receptionists in general practice, 511-513

SIMPSON R J: see JERROD D W A

SINNOTT A: see CORMACK M A

SKINNER H A and HOLT S: Early intervention for alcohol problems, 787-791

Sleep without drugs, by M J Giblin and A D Clift, 628-633

Smerdon G H: Silence in consultations (C) 464

SMITH A: see MacARTHUR C

SMITH C: Towards a map of general practice, 792-798

Smoking: Children: Cigarette sales in Exeter, by N C A Bradley, 559-562, Schoolchildren, among, by A H O'Rourke and others, 569-572; General practitioner: Influence on smoking habits (E) 539-542, by R Hallett, 565-567, Doctors' habits, by E R Seiler, 598, (C) 828-829

Smolnikoff V: Is this a cupping cup? (C) 464

Social services department referrals, by M G Sheppard, 33-39

Sore throats and nephritis, antibiotics and, by J L Taylor and J G R Howie, 783-786

SOUTER K M: Why not start a practice museum? 238

SOUTHGATE L: see SILVERSTONE

Soviet "treatment" in psychiatric hospitals (C), by H O Phillipson, 252

Spillane J D and J A: *An atlas of clinical neurology*, 1982 (R) 738

SPILLING R A E: see WHITAKER N H G

Spira M: *The no-diet book*, 1982 (R) 306

Spokes R M: Stopping medication (C) 188

Sports medicine (C) 189

STANLEY J M: see WALKER J H

STEEL R: Problems of training, 675

Stenosis, adult hypertrophic pyloric: a description in 1834? by G Stout, 239-241

Stephen W J: Primary health care in industrialized countries (C) 188

Stern G and Lees A: *Parkinson's Disease*, 1982 (R) 306

STERRY J: Zoonoses and veterinary-medical cooperation, 819-820

STEVENS J: How should we remember, by I Tait, 250, (C) 464

Stevenson J S K: Quality of care in general practice (C) 747-748

Stoddart N: ICI computer fellow, 179-180, appt. 378

Stott P: *Milestones. The diary of a trainee GP*, 1983, (R) 516

STOTT P C: The outcome of menorrhagia, 715-720

STOUT G: Adult hypertrophic pyloric stenosis—a description in 1834? 239-241

STYLES W McN: Trainees at the College, 180-181, Out-of-hours experience for general practitioner trainees (E) 395-396, The faculty—your neighbourhood College? 452-454, General Medical Council, 816-817

Sweden: Health care (C) 188

Swift (George) lecture, by J C Hasler, 329-332

SWINDELLS S: see MARKS B

## T

Tait I: How should we remember John Stevens? 250 (C) 464

Tasker P W: General practice diabetic care (C) 828

Taylor G B: Doctors and the pharmaceutical industry (C) 825

TAYLOR J L and HOWIE J G R: Antibiotics, sore throats and acute nephritis, 783-786

Taylor M B: Language of medicine (C) 683

TAYLOR R C and FORD E G: The elderly at risk, 699-705

Teaching: An extended course in general practice, by K M Parry and R G MacFarlane 431-433; International teaching course (Dubrovnik): report 451

Tewson J: Smoking and schoolchildren (C) 828-829

Thomas P: Is this a cupping cup? (C) 123, 464

Thompson M K: (R) 178, 'At risk' (C) 389-390

THORLEY K: Medical writing and research, 61-62

THOROGOOD M: see DORNAN C and others

Thyroid medication, Stopping (C) 188

Trainees: see Vocational training

Travel and health, by J H Cossar and others, 642-645

TREADWAY J: Patient satisfaction and consultations, 769-771

Trickett S: Withdrawal from benzodiazepines (C) 608

Tuberculosis: fatal but clinically undiagnosed, by R M Whittington, 343-345, (C) 607

Turner K A: Anglo-German contrasts (C) 189

TURNER R M: Polymyalgia rheumatica: a general practice experience, 167-170, correction 368, (C) 389, 753

TURNER S C: see BETHELL H J N

## U

Undergraduate education: In America, by J J Frey, 678-679, In general practice, by I M Richardson, 728-731

University departments of general practice (C) 123-124

University Teachers of General Practice, Association of: meeting reports 113-114, 595

Urinary tract infection: In children, by S R Potts and W G Irwin, 353-355, Treatment in adults, by R H Jones, 585-589

## V

VALINS M and MOSS R: The Medical Architecture Research Unit, 749-750

VARNAM M: Selection of trainees, 673-674

VENABLES T L: see WALKER J H

Venneger M (Ed): *Enjoying food on a renal diet*, 1982 (R) 445

VETTER N J: see JONES D A and RUSSELL B

VICTOR C R: see JONES D A

Video-tape: see Audio-visual

Vocational training for general practice: (E) 3-5, Evaluation, by D R and H I McNamara, 117-120, Allowance (C) 317, 57 varieties, by J C Hasler, 329-332, Out-of-hours experience for trainees (E) 395-396, Devon and Cornwall trainee attitudes, 457-459, Trainee selection, by M Varnam, 673-674, Problems, by R Steel, 675, Trainers: quality (C) 682, Deputizing service: Trainees as RCGP associates (C) 753, Content, by C Smith, 792-798

Voluntary Organizations, National Council for: report on antenatal services reviewed, 248-249

Volunteers: and primary health care, by M Plouviez, 120-121, Why not start a 'Karing' group? 304

Vuori H: Primary health care in industrialized countries (C) 827

## W

WADE M T: see HOWE D H

WALKER J H: Quantity, quality and controversy, 545-556, retiring from chairmanship of membership division, 743, tribute to 813-814

WALKER J H, STANLEY I M, VENABLES T L, GAMBRILL E C and HODGKIN G K H: The MRCGP examination and its methods, 662-665, 732-737, 804-810

WALKER M, HEADY J A and SHAPER A G: The prevalence of dysuria in women in London, 411-414

WALKER P C: see WRIGHT H J

Wallace D R: What sort of fellow? (C) 389

Walter M: Polymyalgia rheumatica (C) 753

Water, Fluoridation of: RCGP policy 111 (C) 317

WATERS W H R, KELLY J and LUNN J E: Attitudes to audit, 263-266

WATSON G I: *Epidemiology and research in a general practice: a challenge of production*, 243 (C) 828

WATTS C A H: report on misuse of drugs conference, 253

Weatherall D J, Ledingham, J G G and Warrell D A (eds), *Oxford Textbook of Medicine*, 1983 (R) 445

WEBSTER J: see WRIGHT H J

"Well Being" Television series, 111, 245

Well woman clinic, by K Gardner, 711-714

Wheatley D (Ed): *Psychopharmacology of sleep*, 1981, (R) 178

WHITAKER N H G and SPILLING R A E: Evaluation of the RCGP report on the prevention of arterial disease, 135-139

WHITTINGTON R M: Fatal but clinically undiagnosed tuberculosis, 343-345, (C) 607

Whowell W B: Medical practices committee guidance (C) 606

Why not series: Tell the hospital about a patient's social needs? 46, Hold a faculty public meeting? 176, Start a practice museum? 238, Start a 'Karing' group? 304

Wilkes E (Ed): *The dying patient*, 1982 (R) 445-446

WILLIAMS B T, MEECHAN D F and NICHOLL J P: Why does domiciliary oxygen consumption vary from area to area? 481-483

Williams D G: Attracting trainees to the College (C) 753

WILLIAMS E I: The general practitioner and the disabled, 296-299

WILLIAMS P R: Does your child health clinic meet the needs of mothers as well as children? 505

Williams W C: centenary, by J J Frey, 824

Wilson C and others: Out-of-hospital cardiac arrest (C) 533

WILSON-DAVIS K: see O'Rourke A H

Winter J: Audio-visual recording in the surgery (C) 123

Winthrop Laboratories: RCGP exchange scheme, 180

WONCA: see World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians

Wood J: Attitudes to audit (C) 532-533

Woodbine G: Care of patients dying from cancer (C) 123

WOODS J O, PATTEN M P and REILLY P M: Primary care teams and the elderly, 693-697

Workload in general practice: Home visits (C) 124, Art in the consultation (C) 315, Night-calls: Trainee experience (E) 395-396, Consultation patterns, Effect of principal's gender on, 654-658, Patient satisfaction, by J Treadway, 769-771

World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA), by W E Fabb, 115 (E) 131-133, 10th conference (Singapore) reports, 526-528

WRIGHT C M: Language and communication problems in an Asian community, 101-104

Wright H J and Stanley I M: Clinical and population medicine (C) 58, (C) 185-187

WRIGHT H J, WALKER P C and WEBSTER J: The prediction of choice in infant feeding, 493-497

## Y

Yorkshire Breast Cancer Group report, 473-476

Yuval A: Individual cases (C) 606

## Z

ZEALLEY H E: see BOYTER E M and others

Zimeldine antidepressant therapy associated with paranoid psychosis (C) 680

Zoonoses and veterinary-medical cooperation, by J Sterry, 819-820

# The Journal of The Royal College of General Practitioners

## The British Journal of General Practice

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**Volume 33**

**Number 257**

**December 1983**

**Editorials**

General practitioner hospitals 759

Quality and the College 761

**Original papers**

Medical ethics: a survey of general practitioners' attitudes  
*J. W. M. Dunn and R. W. Shaw* 763

Patient satisfaction and the content of general practice  
consultations *Judith Treadway* 769

Non-accidental injury to children: a survey of professional  
attitudes *Elizabeth M. Boyter, D. W. MacLean,  
Helen E. Zealley and J. K. Mason* 773

Ocular, systemic and antinuclear antibody changes with  
acebutolol *James Hosie and Salahudin Y. A. Ghafoor* 779

Antibiotics, sore throats and acute nephritis  
*J. L. Taylor and J. G. R. Howie* 783

**Review article**

Early intervention for alcohol problems  
*Harvey A. Skinner and Stephen Holt* 787

**Education**

Towards a map of general practice *Colin Smith* 792

Obstacles to continuing education *A. J. Pickup,  
L. G. Mee and A. J. Hedley* 799

**College examination**

The MRCP examination and its methods. *J. H. Walker,  
I. M. Stanley, T. L. Venables, E. C. Gambrill  
and G. K. H. Hodgkin*

IV: MEQ paper 804

V: Oral examination 808

**General practice literature** 810

**Classified advertisements** 811

**News and views** 813



# Royal College of Services for Members

## ACCOMMODATION

Members of the College are welcome to stay at 14 and 15 Princes Gate; early booking is recommended. Bed and breakfast may be obtained at rates shown regularly in the *Journal*. Public rooms may be hired, subject to availability. Bookings should be sent to the Accommodation Secretary, The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London, SW7 1PU. Tel: 01-581 3232.

## AWARDS

The College awards many prizes, including the annual Butterworth Prize and the Kuenssberg Prize. In addition, several visiting professorships and travelling fellowships are in its gift. Information is published periodically in the *Journal*.

## COLLEGE INFORMATION

Information about the College and its policy is available as follows:

**Communications.** The Communications Division has a special responsibility for contact with and services to members, and welcomes comments and enquiries.

**Education.** The Education Division is concerned with all aspects of education in and for general practice, with particular emphasis on continuing medical education and performance review.

**The Central Information Service** welcomes enquiries about staff, surgery buildings, equipment, records, administration and computers. The Information Room contains details of a wide variety of College activities as well as exhibitions of topical interest.

**Fellowship, Membership and Associateship.** The Membership Division welcomes enquiries and can supply details of the examination, which is held twice a year and is recognized as an additional registrable qualification. The annual subscription for Fellows,

Members and Associates is £90. Doctors registered for less than five years pay half subscription, and trainees one quarter subscription. There are concessionary rates for other groups, including doctors working part-time.

## FACULTIES

Every Member and Associate of the College is automatically a member of a faculty and receives information and notices of the many faculty activities. The names and addresses of faculty secretaries are available from 14 Princes Gate.

## GRANTS

Grants for research and education projects are available from the Scientific Foundation Board and advice is given on other sources of finance for research.

## PUBLICATIONS

*The Journal of the Royal College of General Practitioners* is published monthly and is circulated to all Fellows, Members and Associates of the College. The subscription for non-members is £40 (\$100) p.a. Single copies and back numbers are available from the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London, SW7 1PU. The *Journal* also publishes occasional *Supplements*, which are distributed with the *Journal* and are available free to Members and subscribers.

**Editor:** Dr E. G. Buckley, MRCGP, 8 Queen Street, Edinburgh EH2 1JE. Tel: 031-225 7269.

**The Publications Office** of the College is responsible for *Reports from General Practice* and *Occasional Papers*. The former are distributed free of charge to all Members and Associates of the College and carry the approval of the College. The *Occasional Papers* are discussion documents and are for sale at prices shown regularly in the *Journal*.

**Honorary Editor:** Dr D. J. Pereira Gray, OBE, FRCGP, 9 Marlborough Road, Exeter, Devon, EX2 4TJ.

# General Practitioners and Associates

## LIBRARY

The Geoffrey Evans Library, which is open to all Members and Associates, now has one of the finest collections of books on general practice anywhere in the world. It includes a collection of general practitioner MD theses and a register of general practitioner papers, for which a list of references and photocopies is available on request. Reading lists are also available for trainees.

The Library produces periodically *New Reading for General Practitioners*, a publication designed to help those who wish to keep up with the growing literature of general practice and which is particularly useful for training practices.

*Librarian:* Miss Margaret Hammond, 14 Princess Gate.

## RESEARCH DIVISION

The Division is designed to promote research in primary care throughout the British Isles. Twice a year it publishes *Research Intelligence*, which is a digest of planned and current research activity. Copies may be obtained free of charge from the Executive Officer.

Advice on research problems is obtainable from the directors of the units, or through the headquarters' staff.

*Chairman:* Michael Drury, OBE, MB, FRCGP.  
*Executive Officer:* Miss Anne Murray, 14 Princes Gate.

### Birmingham Research Unit

The work of the unit is based on the morbidity data routinely collected from practices throughout the UK. The unit has developed diagnostic and other registers for use in general practice and is developing Practice Activity Analysis, which concerns a standardized system of audit by self-evaluation.

*Director:* D. L. Crombie, OBE, MD, FRCGP.  
*Research Fellow:* D. M. Fleming, MB, FRCGP, Lordswood House, 54 Lordswood Road, Harborne, Birmingham, B17 9BD. Tel: 021-426 1125.

### Epidemic Observation Unit

This unit co-ordinates the activities of a group of sentinel practices who report regularly on a selected number of communicable and chronic diseases. These data are utilized in a variety of disease surveillance and environmental projects.

The unit has also developed computer-based information systems using viewdata and other computerized networks as a method of providing interactive information systems for general practice.

*Director:* Professor P. R. Grob, MD, FRCGP, Room 18A-AA21, Department of Mathematics, University of Surrey, Guildford. Tel: 0483 38005.

### Leigh Clinical Research Unit

This unit, which has its own research laboratory, is studying the factors involved in ischaemic heart disease. It is particularly interested in the part played by lipoproteins and fibrinogen.

*Director:* M. C. Stone, MD, FRCGP, The Health Centre, Grasmere Street, Leigh, Lancs., WN7 1XB. Tel: 0942 676864.

### Manchester Research Unit

The unit has special experience in the processing of large scale data resulting from multi-observer projects. It is responsible for the oral contraception and attitudes to pregnancy studies.

*Director:* Clifford R. Kay, CBE, MD, PH.D, FRCGP.  
*Deputy Director:* Peter Frank, MD, FRCGP, 8 Barlow Moor Road, Didsbury, Manchester, M20 0TR. Tel: 061-445 7771.

### Swansea Research Unit

This unit is mainly concerned with the epidemiology of infectious diseases and is currently engaged in a study of the respiratory sequelae of whooping cough.

*Director:* W. O. Williams, OBE, MD, FRCGP, Department of Social Anthropology, University College of Swansea, Singleton Park, Swansea, West Glamorgan, SA2 8PP.

is published in the College 24 hours later and is posted to examiners, faculties, regional advisers, postgraduate deans and the press. It also now appears on Meditel.

Unsuccessful candidates are invited to write to the Chairman of the Membership Division if they wish for details of their performance. The majority do so, and whenever possible are given more specific advice if they intend to resit the examination. Finally, candidate and examination data are analysed to provide regional statistics which allow the College, the faculties and regional advisers an overview of the role of the examination in the assessment of vocational and continuing education in general practice.

### The future

Each of the components of the present examination is the responsibility of a working group of the Panel of Examiners who continually analyse and develop their methods. The reduction in the number of multiple choice questions from 90 to 60 is the result of an appraisal of the efficiency of this particular method in the assessment of factual recall. The use of videotape techniques in peer appraisal and self appraisal of oral examination methods is increasing the effectiveness of these particular procedures, and TEQ and MEQ papers are being similarly reviewed.

The Membership Division and the Panel of Examiners have been conscious for some time of the disadvantages of an assessment procedure which takes place at the end of vocational training and which is, therefore, of limited educational value to the individual candidate. A working party is therefore exploring methods of assessment of relevance to the midpoint of vocational training which will primarily be of educational value to the candidate and his trainer and which might be seen as an appropriate preliminary assessment, guiding the candidate in his preparation for a later membership examination.

Equally the assumption that success in the membership examination predicts subsequent satisfactory performance in general practice requires exploration. Studies of the predictive validity of the examination are therefore being organized and it is the intention of the Membership Division and the Panel of Examiners that their activities will continue to be central to the major purpose of the College, which is to raise the standard of patient care in general practice.

### Address for correspondence

Professor J. H. Walker, Chairman, Membership Division, RCGP, 14 Princes Gate, Hyde Park, London SW7 1PU.

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## GENERAL PRACTICE LITERATURE

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### BOOK REVIEWS

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#### CLINICAL REACTIONS TO FOOD

M. H. Lessof (editor)

Wiley, Chichester (1983)  
222 pages. Price £14.50

A fascinating attempt to distill the cool facts from the present hot soup of fashions, fancies and fads about food allergies. The title itself avoids the use of the word allergy and several of the contributors to this book (edited by the Professor of Medicine at Guy's Hospital Medical School) are at pains to decide the nature of food intolerance and point out that true allergy is likely to be rare. The chapter by Barnetson and Lessof and another by Ferguson and Strobel are particularly helpful in clarifying the current state of knowledge about reactions to food and the immunological

and physiological complexities of digestion.

All who are interested in food intolerance and food allergy will welcome this well-balanced appraisal of the current state of knowledge in this controversial field.

E.G.B.

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### BOOKS RECEIVED

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**PRACTICE OF PSYCHOSEXUAL MEDICINE**, Katherine Draper (editor), John Libbey, London, 1983. 257 pages. Price £14.95.

**ABC of HEALTHY TRAVEL**, Eric Walker and Glyn Williams, British Medical Association, London, 1983. 39 Pages. Price £3.50 (paperback).

**TREATMENT AND MANAGEMENT IN ADULT PSYCHIATRY**, G. E. Berrios and J. H. Dowson, (editors), Bailliere Tindall, London, 1983. 502 pages. Price £18.50

**ENDOCRINOLOGY**, Harold E. Carlson, (editor), John Wiley and Sons Ltd, Chichester, 1983. 308 pages. Price £31.15

**LECTURE NOTES ON EPIDEMIOLOGY AND COMMUNITY MEDICINE (2nd edition)**, R. D. T. Farmer and D. L. Miller, Blackwell Scientific Publications, Oxford, 1983. 214 pages. Price £6.80.

**FAMILY MEDICINE for students and teachers**. R. T. Mossop and G S Fehrsen, *Academica*, Cape Town, 1983. 123 pages.

**1983 USP DI DRUG INFORMATION FOR THE HEALTH CARE PROVIDER**, C. V. Mosby, London, 1983. 982 pages. Price £22.50 (hardback).

**PROBLEMS IN PERIPHERAL VASCULAR DISEASE**, P. E. A. Savage, MTP Press, Lancaster, 1983. 118 pages. Price £7.95.

**THE FAMILY PHYSICIAN**, Kupat-Holim Health Insurance Institution of the General Federation of Labour in Israel, 258 pages.

**THE NEW GOOD BIRTH GUIDE**, Sheila Kitzinger, Penguin Handbooks, Middlesex, 1983. 443 pages. Price £3.95 (paperback).

**COMMUNITY MEDICINE**, A Textbook for Nurses and Health Visitors, W. E. Waters and K. S. Cliff, Croom Helm Ltd, Kent, 1983. 146 pages. Price £6.95.

**LARYNGECTOMY, Diagnosis to Rehabilitation**, Yvonne Edels (editor), Croom Helm, Kent, 1983. 309 pages. Price £18.95.

**COMMUNITY HEALTH**, June Clark and Jill Henderson (editors), Churchill Livingstone, Edinburgh, 1983. 317 pages. Price £6.95 (paperback).

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# NEWS AND VIEWS

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## COLLEGE NEWS

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### Retiring Officers

#### John Hasler: Honorary Secretary of Council 1978-1983

*Donald Irvine, Chairman of Council, pays tribute to John Hasler who this November retired as the fourth Honorary Secretary of Council.*

Elected by Council in 1978 when he was only 41 years old, John Hasler had already distinguished himself as an outstanding doctor, as an academic of growing stature and as an effective administrator. During his term of office the College has expanded steadily both in size and in influence, in no small part due to his energy, enthusiasm and new ideas.

After graduating from the Middlesex Hospital Medical School John trained to become a general practitioner. He joined the experimental Wessex Scheme organized by Dr George Swift and was one of his trainees. Subsequently he joined the practice in Sonning Common.

John has been fortunate to work in a region which has favoured innovation in general practice, and lucky also to have full access to a well equipped general practitioner hospital through which his ideas for extended care from general practice were nurtured. It is not surprising that the practice at Sonning today is a model for clinical teamwork, modern practice management and, of course, personal care; facts which reflect John's belief in leadership by example.

John was appointed Regional Adviser in the Oxford Region in 1972, and he has been largely responsible for the enviable national reputation which that Region now enjoys today for graduate education in general practice. In 1974 he was elected Chairman of the UK Conference of Regional Advisers in General Practice by his colleagues where he revealed himself as an effective, good humoured leader. Small

wonder, then, that the Officers and Members of the Council, watching the steady progress of this rising star, should have invited him to seek election to Council in order to become Honorary Secretary.

John Hasler's achievements as Honorary Secretary are many but several stand out. It was he, for example, who led the College's team for talks with the Royal College of Obstetricians and Gynaecologists on the future of obstetrics in British general practice. He was seen as a skilled, patient and canny negotiator. Pursuing his interest in the nursing profession he led the discussions which resulted in the new UK Joint Professional Committee for Primary Health Care. More recently he was the driving force behind the formation of the successful new Patients' Liaison Group. He was one of the few to recognize early that the College must take an active interest in what our patients feel about their family doctor services. Of course he has also been an Examiner, Member of the *Journal* Editorial Board, College Press Officer and, as Honorary Secretary, has represented the College on many important committees and outside bodies. As if this were not enough, we were delighted to hear that in 1982 he had been awarded the degree of Doctor of Medicine by the University of London for his thesis on the clinical experience of trainees in general practice.

John Hasler retires from office at the still very young age of 46. He is friendly, relaxed and always willing to listen to others despite his enormous workload. John is that rare combination of practising clinician, academic and administrator. But he is something more now. In the last five years he has established himself as a national leader in his own right, a man of imagination and vision as well as of purpose; one of the few great generalists we have in general practice.

With this unusual combination of qualities few can doubt that his College and his fellow practitioners will ask more of him and of his family in the future.

#### John Walker: Chief Examiner 1972-1983

*John Walker's retirement from responsibility for the MRCCP examination gives Keith Hodgkin an opportunity to look at 11 years of remarkable achievement.*

The examination was started in 1965 by five candidates and ten examiners and was successfully steered by Pat Byrne and Jimmy Knox into its present format. When John took over in 1972, he was responsible for 130 candidates and 25 examiners twice a year. The College examination at this time was for most examiners, like myself, a working group with the atmosphere of a friendly club. Now, in 1983, 1,500 candidates are examined (750 or so twice a year) by more than 100 examiners.

John's superb achievement has been to maintain the trusting friendly approach and at the same time to build a highly professional and successful postgraduate examination, capable of assessing large numbers of candidates in ways that are reliable as well as valid.

Running an examination is very like driving a car. For those in the back seat the important question is one of destination (validity). For the driver the essential constraints of feasibility of the route and reliability of the machine are equally important. An example of this dichotomy is the way many well meaning examiners (and others) have, for valid reasons, suggested the addition of a clinical component. Unfortunately, none of these helpful individuals has also suggested feasible and reliable ways of overcoming the unavoidable problems of training, security, payment, space and fair marking which nearly 1,200 'clinical' on several hundred patients would involve each year.

John's great strength is that he can assess all these problems and maintain the examiners' trust while simultaneously stimulating them to examine more professionally in practical and reliable ways.

A light touch and a constantly bubbling humour enable him to get a very wide range of doctors and personalities to share their doubts and self criticisms in a way that leads inevitably to improved standards of practice and teaching as well as examining. No wonder that examiners frequently claim that examining and the examination

workshops are the best postgraduate exercises that they know.

John is acutely sensitive to unfairness especially if this stems from individual arrogance or pomposity. He always takes great trouble if any unfairness can be traced back to the inevitable failings of the examination method. I have seen many letters from failed candidates thanking John for the helpful way in which he had handled their particular anxieties.

The logistics, checking and cross checking that are involved in creating, running and marking a postgraduate examination of this size are enormous. Thanks to John and to the highly efficient organization that he and Pauline Dallmeyer have built up, these are still both friendly and flexible. I have recently seen the organization cope smoothly with the vagaries of British Rail, train crashes, blizzards, candidates' children, accidents, pregnancy, breast feeding, sickness, the police, medical intransigence and other 'Acts of God'.

In the examination office hangs the following warning.

*'We trained very hard—but it seemed that every time we were beginning to form up into teams we would be reorganized. I was to learn later in life that we tend to meet any new situation by reorganizing; and a wonderful method it can be for creating the illusion of progress while producing confusion, inefficiency and demoralization.'*

Petronius Arbiter 210 B.C.

John's highly successful 11 years were marked by a great many reorganizations and developments in which confusion, inefficiency and demoralization were notably absent. This is because he has the unique and enviable ability to inform and involve those he leads in a way that creates trust and real progress.

The time and effort put into the MRCCP examination by John must never be taken for granted. The College has a great deal to thank him for and owes him a great debt.

## News and Views Editor

This issue of *News and Views* is the last one under the editorship of Dr Bill Styles, who was elected Honorary Secretary of Council last month. He has been succeeded as *News and Views* editor by Dr Michael Price of Hemel Hempstead. Dr Price was formerly Secretary of the Bedfordshire and Hertfordshire Faculty and he is Associate Adviser in General Practice to the North West Thames Region.

## Partnership Agreements

At its meeting on 16 September 1983, Council considered the position of the President of the College in relation to arbitration clauses in partnership agreements.

A number of partnership agreements have nominated the President of the College to arbitrate when disputes arise. In some cases such nomination has been made without the consent of the President and his position has not been clear. Having taken legal advice, Council agreed that the most satisfactory arbitration clause is the one where the President is given the power to nominate an arbitrator. This will enable him to use his discretion to decide whether the person best suited to determine the dispute is a doctor, lawyer, accountant or other suitable person. It also avoids putting the President in the position of having to determine the outcome of a dispute between fellow members.

Where the President has been nominated in the past without his or his predecessor's consent, there is no obligation on the President to accept the appointment as arbitrator. However, if he refuses to act, the arbitration clause does not become null and void. The parties can either agree between themselves on a new arbitrator, or in default of agreement, they can apply to court. Even in a case where the past or present incumbent of the office of President has consented to act, the President for the time being may nonetheless refuse to act.

Members should take note of the decision taken by Council and are advised to consider their own partnership contracts in this light.

## Obituary

*Dr Christopher Mason*

Dr Christopher Mason, aged 35 years, died suddenly on the evening of Saturday 10 September, whilst in Oxfordshire. This comes as a great shock to all who knew and worked with him, and represents an irreplaceable loss to his colleagues, the community and, of course, his family. He was a totally dedicated family physician and an inspiring person to know and work with. He was unsparing in his efforts on behalf of his patients and had unusual reserves of compassion, particularly for those with personal problems and those who were anxious or depressed. He had outstanding ability as a general practitioner trainer.

Christopher Mason could have

reached the pinnacle of any branch of medicine he chose. Following qualification at King's College Hospital (London) in 1971 he chose to make his career in general practice. A man of strong humanitarian instincts, he served from 1976 to 1979 as a Government Medical Officer in Malawi, initially at Queen Elizabeth Central Hospital, Blantyre, and then as Medical Officer in Charge (and the only doctor) at the Dowa District Hospital. In April 1979 he joined a partnership in Maghull, Merseyside, within a few days of his return to this country.

Dr Mason had been athletic since school days and at medical school, and continued to enjoy sport. He enjoyed life to the full and he loved his work. His friends and colleagues knew him as a fine companion. He was a member of the Royal College of General Practitioners, the British Medical Association and the Liverpool Medical Institution. He leaves a widow and three children.

R.A.Y.

*Dr J. G. R. Clarke*

There can be few of our colleagues who have served profession and College with such loyalty and distinction as John—other friends seemed to know him as Jack, and such was his habitual courtesy that I never found out which was the style which he preferred or which denoted greater intimacy.

He sat on the Board of the much loved Northern Home Counties Faculty from its birth in 1953. It was not a Board that allowed complacency or mediocrity (four of its members at that time later became Professors of General Practice in one continent or another!) and John contributed fully and constructively to its work.

When reorganization hit us in 1974, he then sat on the Board of the Beds and Herts Faculty until his death last month. He was Chairman of the Northern Home Counties Faculty Board in 1958 and Provost of the Faculty between 1963 and 1966. For the last nine years of the Northern Home Counties Faculty, John was its Council Representative, and the quality of his work there was rapidly recognized by his colleagues at national level. He was particularly interested in the (then) Practice Organization Committee, and became in turn its Honorary Secretary and Chairman. He also served with devotion and hard work as Deputy Vicechairman and Vicechairman of Council in 1970 and 1971. His other interests were expressed by his mem-

bership of the Board of Censors, the Vocational Training Subcommittee of the Education Committee and the Committee on Fellowship; of the latter he was elected Honorary Secretary for 1980 and 1981 after he had been appointed by the Fellowship at large.

These rather bare statements conceal a wealth of concern and readiness for sustained effort on behalf of the causes in which he believed and cared—general practice and its service to each individual patient and to the

community came first every time, and after his retirement from general practice, he remained in harness as a community physician.

I met John in many and various contexts; always charming and modest, but always ready to do his bit, often in the face of ill-health—the coronary arteries were not kind to him—and in spite of the competing claims of his patients and his family. He clearly derived great support and comfort from his wife, Phyl, and not the least of

John's endearing features was his ability to show his love and affection for her, and above all, his patience and concern to live naturally with Phyl's deafness.

Our thoughts go out to the medical fraternity of Luton who have lost a colleague of real achievement, and to John's family who can take pride in having nurtured a deeply caring and thoughtful general practitioner.

D.G.W.

## MEDICAL NEWS

### Diploma in Community Child Health

The first examination for the DCCH was held at the Royal College of Physicians in Edinburgh on 30 September 1983. Forty-six candidates completed the examination of whom 32 were successful.

Arrangements are being made for a second examination to be held in March 1984.

Details can be obtained from the Joint Board of Management, DCCH, Royal College of Physicians, 9 Queen Street, Edinburgh EH2 1JQ.

### Glyncorwg Health Centre: Annual Report

The editorial office has received a copy of the Annual Report of the Glyncorwg Health Centre. This provides a most interesting account of the work undertaken there and is an excellent example of how a practice can present a review of its activities.

Copies of the Annual Report can be obtained by writing to Dr Julian Tudor Hart, The Queens, Glyncorwg, Nr. Port Talbot, West Glamorgan SA13 3BL. Please enclose a stamped addressed envelope.

### The Scandinavian Journal of Primary Health Care

The *Scandinavian Journal of Primary Health Care* has been launched. It is written in English and as its name suggests, it is concerned with primary health care as represented by both

general practice and community health organizations.

Its primary emphasis is on providing information for the Nordic countries: Denmark, Finland, Iceland, Norway and Sweden, but it is editorial policy that articles from other countries should be considered for publication and that articles will have a general interest further afield.

The Chief Editor is Professor Paul Backer of Copenhagen and he is supported by an impressive team from other Nordic countries.

Anyone who would like to subscribe directly to the Journal should write to Almqvist & Wiksell Periodical Company, Box 45150, S-104 30 Stockholm, Sweden.

### The Royal College of Midwives

#### *Principles on Antenatal Care*

The following six principles on antenatal care were adopted as an official statement by the members of the Royal College of Midwives at the Professional Day of the Annual Meetings held at the University of Essex in July 1983:

1. Antenatal care should ensure, as far as possible, the wellbeing of the woman and her unborn child.
2. Antenatal care should meet the physical, social, emotional and educational needs of the pregnant woman.
3. Provision of antenatal care should be flexible, adaptable and readily available, offering the most appro-

priate methods of individualized care.

4. Effectiveness of antenatal care should be evaluated and the patterns and methods used continuously monitored.
5. There should be collaboration, cooperation and good communication between the people providing the care and the woman receiving the care. The midwife should have the maximum opportunity to use fully her knowledge and skills for the benefit of the mother and her unborn child.
6. The ways in which these principles are implemented should be kept under constant review in order that they may always be relevant in providing the best and most appropriate antenatal care service to the woman and her unborn child and their family.

This statement has been circulated widely by the Royal College of Midwives with a proposal that these six principles be discussed and that consideration be given to making recommendations regarding their implementation locally.

### Effective Geriatric Medicine

The DHSS has published a book with this title which is a report of the seminar held in Harrogate last year about the special work of physicians in geriatric medicine.

The book can be obtained from Her Majesty's Stationery Office, at the price of £5.80.

a smoker, 52 per cent smoked; of 161 pupils whose 'best friend' was a non-smoker, 10 per cent smoked.

All these differences were significant ( $p < 0.05$ ).

- 26 per cent of the children—equal numbers of boys and girls—smoked one or more cigarettes per week.
- 32 per cent of all smokers were smoking regularly before the age of 12 years.
- 58 per cent of all smokers wanted to give up.
- The reasons given by nonsmokers for not smoking were: health risk 78 per cent; expense 49 per cent; dislike of taste 30 per cent; parental prohibition 29 per cent; unsociability 28 per cent.

JOCELYN TEWSON

The Manor House  
Ickford  
Bucks.

## DATES FOR YOUR DIARY

### West of Scotland Faculty

A series of six seminars on prescribing for general practitioners has been planned from January to June 1984. Dr Martin J. Brodie, Consultant Physician and Clinical Pharmacologist at the Western Infirmary, Glasgow, will deal with practical clinical pharmacology. The venue will be the Western District Postgraduate Medical Centre and a wide range of drug prescribing problems will be considered by small groups. Further details can be obtained from Dr S. F. Wood, Honorary Secretary, West of Scotland Faculty, University Department of General Practice, Woodside Health Centre, Barr Street, Glasgow G20 7LR. Tel: 041-332 997 (Ext. 228).

### MRCGP Examinations

*Spring 1984*

Written papers: Tuesday 15 May 1984.

Orals:

Edinburgh: week beginning 2 July 1984

London: week beginning 9 July 1984 (ending 14 July).

Closing date: 15 March 1984.

8 weeks: 1 September 1984.

Application forms and further details may be obtained from the Examination Administrator at the College, 14 Princes Gate, Hyde Park, London SW7 1PU.

## EDITORIAL NOTICE

### Instructions to authors

Papers submitted for publication should not have been published before or be currently submitted to any other journal. They should be typed, on one side of the paper only, in double spacing and with generous margins. A4 is preferred paper size. The first page should contain the title, which should be as brief as possible, the name(s) of author(s), degrees, position, town of residence, and the address for correspondence.

Original articles should normally be no longer than 2,000 words, arranged in the usual order of summary, introduction, aims, method, results, references, and acknowledgements. Short reports of up to 600 words are acceptable. Letters to the Editor should be brief—400 words maximum.

Illustrations of all kinds, including photographs, are welcomed. Graphs and other line drawings need not be submitted as finished artwork—rough drawings are sufficient, provided they are clear and adequately annotated.

Metric units, SI units and the 24-hour clock are preferred. Numerals up to 10 should be spelt, those over 10 typed as figures. Use the approved names of drugs, though proprietary names may follow in brackets. Avoid abbreviations.

References should be in the Vancouver style as used in the *Journal*. Their accuracy must be checked before submission. The title page, figures, tables, legends and references should all be on separate sheets of paper.

Two copies of each article should be submitted, with a stamped addressed envelope, and the author should keep a copy. One copy will be returned if the paper is rejected.

All articles and letters are subject to editing. The copyright of published material is vested in the *Journal*.

Papers are refereed before acceptance.

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